

Instruction Sheet for the Community Event Report Form
08/04/04

1	Event Type: Check the event type being reported -Incident , Medication Error or Death - (Check one)	
2	Program Category: Check the primary service the consumer was receiving at the time of event – (Check one)	
3	Event date/Time: Date and time the event began/occurred or is believed to have begun/occurred.	
4	Discovery date/Time: Date and time the event was discovered. For example, a bruise on a consumer is discovered but the date of injury is unknown.	
5	Name of consumer involved in the event	
6	Consumer's date of birth – month, day, year	
7	Consumer's gender- male or female	
8	Consumer's ID number- the local/case number that appears on the consumer's personal plan	
9	Consumer's address or the name of the group home or facility where the consumer resides	
10	Name of Consumer's Service Coordinator	
11	Event Location or where discovered: Agency name or location where the event occurred	
12	Name of Provider Agency/ Organization involved in event & Vendor Number: The organization that may be responsible for the event. This is usually where the event occurred or if not at an organization, the organization with primary oversight responsibility for the individual.	
13	Name, relationship and contact number of person(s) who witnessed or has direct knowledge of the event	
	Relationships	
	Consumer.....	Any individual receiving services from the Department of Mental Health
	Parent/guardian.....	Individual who is legally responsible for the care and custody of the consumer
	Staff.....	Agency worker/employee
	Visitor.....	Individual coming to see a person or spending time in a place, whether for social, business or professional reasons.
	Volunteer.....	Individual providing services, of his own free will, and receiving no compensation.
	Complainant.....	Individual making the complaint or allegation
	Perpetrator.....	Individual that appears to be responsible for the event; the one who commits an unacceptable act.
	Reporter.....	Individual responsible for completing the event reporting form.
	Victim.....	Person harmed by or made to suffer from an act, circumstance, agency, or condition.
	Witness.....	Individual that observed /heard the event.
	Other.....	If other, please specify
14	Notified- Check persons/agencies notified, along with the person's name and date and time of notification. <i>Note: Department of Mental Health notification required.</i>	
15	Narrative- Describe what happened and interventions used by staff. If there was a medication error, indicate the name(s) of medications involved, including times, dosage, and reason for error.	
16	Medication Errors- (Check all that apply)	
	Failure to administer...	One or more doses of prescribed medication were not distributed, dispensed or administered as prescribed by the physician.
	Medication not available	Prescribe medication is not available to consumer when needed.
	No Physician Order.....	One or more doses of medication were distributed, dispensed or administered without the authorization of a physician.
	Wrong dose.....	More or less of the prescribed amount of medication was distributed, dispensed or administered to the consumer.
	Wrong form.....	The medication was administered in a form other than ordered, e.g. tablet instead of concentrate, ointment instead of cream.
	Wrong medication.....	A different medication than the one prescribed was distributed, dispensed or administered to the consumer
	Wrong person.....	One or more doses of medication were distributed, dispensed or administered to a person for whom the medication was not prescribed.
	Wrong route.....	The medication was distributed, dispensed, or administered to a person by the wrong route, i.e. by mouth, in ear, in eye, injection, topical, etc.
	Wrong time.....	The medication was not distributed, dispensed, or administered at the prescribed time. Current standard of practice is that medication should be administered within 60 minutes prior to or following the prescribed time. As an example, if a medication is prescribed for 8:00 p.m. or the h.s. medication rounds time for a facility is 8:00 p.m., then the acceptable window would allow medications to be administered as early as 7:00 p.m. or as late as 9:00 p.m.

17	Medication Error Severity Rating: Must be completed if there was a medication error. Check the box that describes the severity level. (DMH staff will review and confirm the severity level checked.)	
18	Event/Incident Type – Check the event that occurred-	
	<p>Choking: When food or an object has obstructed the airway and the Heimlich maneuver or other medical intervention is required to save the life of an individual.</p> <p>Consumer rights: Any suspected violation of consumer rights as established by RSMO 630.110 or where there is a suspicion or allegation of abuse or neglect.</p> <p>Consumer struck object: Any physical force inflicted upon an object by a consumer.</p> <p>Elopement/Unauthorized Absence: The consumer has not been accounted for when expected to be present and has not been found on the grounds of the facility/home; or has left the grounds of the facility/home without permission.</p> <p>Fall: Sudden loss of an upright or erect position of the body. The fall did not result from any forcible physical actions of another person.</p> <p>Fire: Starting a fire whether intentional or due to impaired cognition or judgment.</p> <p>Inappropriate language-staff to consumer: Staff using profanity or speaking in a demeaning, non-therapeutic, undignified, threatening or derogatory manner in a consumer's presence.</p> <p>Ingestion of non-food item: Ingestion of an item that is not food, water, medication or other commonly ingestible item that may constitute a hazard to health.</p> <p>Medical emergency-consumer: A medical emergency occurs while a consumer is receiving active services in a facility, program or in the community with staff. The consumer is sent to a hospital or emergency care clinic in an urgent situation and receives medical treatment. This is used only when another incident type does not first describe the incident. For example, first a fall occurs and then a medical emergency. Fall is selected. 2nd Person has fever of 104 and is diagnosed with pneumonia</p> <p>Misuse of consumer funds/property: Staff is suspected to have misappropriated or converted a consumer's funds or property for their own benefit.</p> <p>Physical altercation consumer & consumer: Any physical force inflicted upon a consumer by a consumer</p> <p>Physical altercation consumer & non staff: Any physical force inflicted upon non-staff by a consumer.</p> <p>Physical altercation- consumer & staff: Any physical force inflicted upon the other when an altercation occurs between a staff and consumer.</p> <p>Possession of weapon: Having on one's person or in one's room an instrument or an object manufactured or altered to have potential to cause injury to oneself or to another individual. This includes a lighter or matches where/when not allowed.</p> <p>Property loss/destruction: Significant or notable destruction of property.</p> <p>Sexual conduct-consumer-non-consensual: Any sexual act involving a consumer when it is suspected or alleged that one of the parties was not a willing participant. This includes those incapable of giving consent due to guardianship or other reasons.</p> <p>Sexual conduct- consumer & staff: Any suspected or alleged sexual conduct between staff and consumer including but not limited to the definition of sexual abuse.</p> <p>Suicide attempt: Any action(s) taken by an individual with the intent to kill oneself but he/she is not successful.</p> <p>Theft by consumer: The act or an instance of stealing committed by a consumer</p> <p>Vehicular accident: Consumer was involved in the collision of a vehicle with another object.</p> <p>Other- If other, please specify</p> <p>• Report the following incidents only if 1) unusual and not being addressed in the personal plan; 2) there is an injury; or 3)there is an allegation/suspicion of neglect.</p> <p>Consumer self-harm: Any physical force inflicted by a consumer on self.</p> <p>Graphic threat of Harm: Any threat, verbal or non verbal, which conveys a significant risk of imminent harm or injury and results in reasonable concern that such harm will actually be inflicted.</p> <p>Seizure – A convulsion or attack of Epilepsy</p>	
19	Check if event resulted in (Check all that apply)	
	Injury.....	Any physical harm or damage. This does not include naturally occurring physical illnesses or death from natural causes.
	Physical restraint.....	Any physical intervention technique used to restrict a consumer's movement. Specific division definitions may be found in the applicable Code of State Regulation 9 CSR 40-1.015
	Administered PRN Psychotropic Medication...	Any administration of a medication (pharmacologic agent) that affects a person's mental status that is prescribed but given according to circumstances and not a scheduled time.
	Hospitalization- Non-Injury	The incident was not a result of an injury; however, the incident did require that

	Not applicable.....	the consumer be admitted as an inpatient to a hospital and assigned to a bed on a unit outside the emergency room. The event did not result in one of the above.
20	Injury Type- (Check one)	
	Accident.....	Unexpected or unintentional occurrence such as slipping on an icy surface or injuries sustained during a seizure.
	Self-inflicted.....	Deliberate action by the person that results in self-harm, such as punching a wall or lacerating the wrists.
	Consumer-inflicted.....	A consumer inflicts physical harm on another person
	Staff-inflicted.....	Staff intentionally or unintentionally inflicts physical harm on a person
	Other-inflicted.....	A person that is not staff or consumer, or an animal inflicts physical harm on a person
	Unknown.....	The cause of the injury is not apparent or evident.
21	Injury Severity- Must be completed if an injury- (Check one)	
	No treatment.....	Any physical harm or damage that only requires observation or inspection by staff but no form of treatment is required (e.g., a bruised leg). The injury may be examined by a clinician but no treatment is applied to the injury.
	Minor first aid.....	Any physical harm or damage that can be treated by a person with no specialized training or minimal training such as first aid administration. The decision that only first aid is required may be made subsequent to a consult with or screening by a nurse or other health professional. This includes treatment such as the application of Band-Aids, cleaning of abrasions, application of ice packs, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen.
	Medical Intervention.....	Injury is severe enough to require the treatment of the individual by a licensed physician, osteopath, podiatrist, dentist, physician assistant or nurse practitioner but not serious enough to warrant or require hospitalization. The treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.
	Hospitalization.....	Injury is so severe that it requires medical intervention and treatment as well as care of the injured individual at a general acute care hospital. Regardless of the length of stay, this severity level requires that the injured individual be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside the emergency room.
	Death	The injury received, or complications from the injury, was so severe that it resulted in the termination of the life of the injured individual.
22	Injury Descriptions - (Check all that apply)	
23	Injured Body Parts- (Check all that apply)	
24	Immediate Action taken: Describe the immediate by agency management as a result of the event. Include disciplinary and/or follow-up action taken to prevent reoccurrence of such events in the future.	
25	Signature Reporter: Name and telephone of Individual providing the initial information to the department which results in completion of an event report. Report Date/Time: Date and time event report completed	
26	Signature of Agency Management/Supervisor: Indicates that report was reviewed before sent to DMH	
27	Signature of Service Coordinator: Indicates the date the Service Coordinator reviewed the report.	
28	Signature of other DMH Staff: This could include Quality Assurance, Supervisors, Director, Abuse & Neglect, or Behavioral Resource Technicians.	
29	DMH Comments: Indicates action taken by DMH staff upon notification and indicate if there is suspicion/allegation of abuse, neglect, misuse of consumer funds, and if death the suspected manner of death.	